## 21000142612

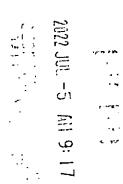
(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



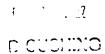


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07/05/22--01023--025 \*\*25.00



Ra Chang



## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SURI	ECT: 107INVESTMENTS LLC				
3000		e of Limited Liability Con	mpany		
Dear 9	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ce Change and fee(s) are s	submitted for filing.		
Please	return all correspondence concerning the	s matter to the following:			
Melis	sa Jones				
	Name of Person				
ZenBu	isiness Inc.				
	Firm/Company	····			
336 E	College Ave. Suite 301		ſ	202	
	Address			2022 JUL -5	grava
Tallab	assee, FL 32301		***- **	2	
-	City/State and Zip Code		•		,
ra@ze	nbusiness com		-	MI 9: 17	,
	E-mail address: (to be used for future ann	ual report notification)	` :	. <del>-</del>	
For fu	rther information concerning this matter,	please call:			
Mel	issa Jones	844 493-62 at ( )	249		
	Name of Person	_ `	de & Daytime Telephone Nu	nber	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio The Ce 2415 N	Address: ration Section on of Corporations entre of Tallahassee I. Monroe Street. Suite 810 assee. FL 32303		
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	□ \$55 Filing F	ee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. <b>N</b> a	ome of the limited liability company: 107INVES	TM	ENTS	S LLC	
2. (a)	313 HARP TERRACE	,	<sub>(b)</sub> 957 CARNATION DRIVE		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SEBASTIAN, FL 32958	_	SE	BASTIAN, FL 32958	
	03/26/2021	_		000142612	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the records of the 7901 4th St N  Registered Office Address (ACST BE FLORIDA STREET A)  STE 300			f State:	
		33702			
(b)	ZenBusiness Inc  Enter name of NEW Registered Agent and/or NEW Registered C  336 E. College Ave.	Office a	idress:	2022 JUL -5 All 9:	
	NEW Registered Office Address:			<del></del>	
	Suite 301			, ; <b>7</b>	
	Tallahassee, FL	32301			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility c the lir	ed office ompany, nited liab	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
/s/	Jason Daniel Freeman	Ja	son D	Daniel Freeman	
Signat	ture of a member or authorized representative of a member		e in eli-	Printed or typed name of signee	
the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he willin writing of this change.	e to ac erforn for in creby c	i in inis d ance of i Chapter onfirm ti	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	

Signature of Registered Agent